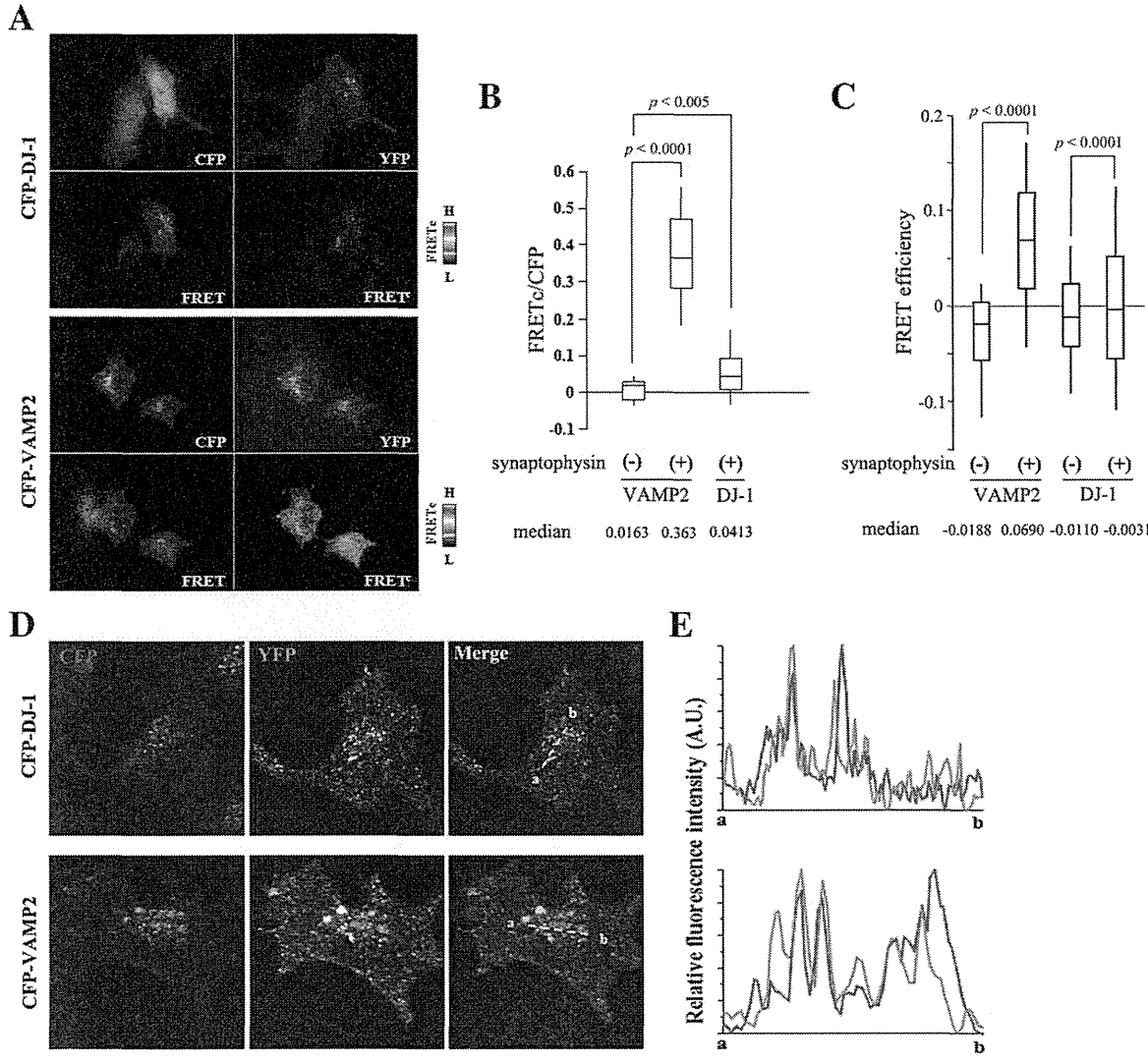

Fig. 5. FRET occurred in HeLa cells expressing CFP–DJ-1 and synaptophysin-YFP. (A) HeLa cells expressing CFP–DJ-1 or CFP–VAMP2, and synaptophysin-YFP were subjected to microscopic analysis as described in Materials and methods, and representative images are shown. FRET was detected in HeLa cells expressing CFP–VAMP2 and synaptophysin-YFP. FRET occurred in a small proportion of HeLa cells expressing CFP–DJ-1 and synaptophysin-YFP. (B) $FRET_C$ values calculated for each cells were plotted in the box and whisker plot. Representative data from three independent experiments are shown. The highest and lowest boundaries of the box represent the 25th and 75th percentiles, respectively, and whiskers above and below the box designate the 10th and 90th percentiles, respectively; the line within the box indicates the median value. (C) 293F cells expressing CFP–DJ-1 or CFP–VAMP2 and synaptophysin-YFP were subjected to fluorescence lifetime flow cytometry as described in Materials and methods. Fluorescence lifetimes of more than 10,000 cells in every sample were plotted in the box and whisker plot, where the highest and lowest boundaries of the box represent the 25th and 75th percentiles, respectively, and whiskers above and below the box designate the 10th and 90th percentiles, respectively; the line within the box indicates the median value. (D) Cells were imaged on a confocal laser microscope and representative images are shown. In a small proportion of cells CFP–DJ-1 merged with synaptophysin-YFP. CFP–VAMP2 colocalized with synaptophysin-YFP. (E) Fluorescence intensities of CFP (red) and YFP (green), along with the line in the merged image in (D), were plotted from a to b. Note that overlapping peaks indicate colocalization.

DJ-1 directly associates with membranes

The results from the immunocytochemical and biochemical experiments indicated that DJ-1 localizes in membranous structures, but it is unclear how DJ-1 associates with membranes. To address this issue, the effect of ionic strength on the association between DJ-1 with membranes was examined. PC12 cells were fractionated by centrifugation at 100,000*g* to pellets and supernatants, corresponding to membrane and cytosolic fractions, respectively. DJ-1 was collected in both the cytosol and the membranes. Although DJ-1 does not shift from the membrane to the cytosol regardless of high salt conditions, non-ionic detergent Triton X-100 solubilizes DJ-1 in a way similar to that of the transferrin receptor (Tfn-R) with a transmembrane domain (Fig. 6A). Meanwhile, parkin, which associates with lipid rafts (Fallon et al., 2002; Kubo et al., 2001), did not dissociate from the membrane by solubilization with Triton X-100 (Fig. 6A).

To characterize membrane-binding of DJ-1 protein, an in vitro binding assay using PC12 cells was employed as previously described (Kubo et al., 2005). In this assay, DJ-1 was found to be bound to purified plasma membranes. Treatment of plasma membranes purified from PC12 cells with Proteinase K (PK) for 60 min at 30 °C did not alter the localization of DJ-1 (Fig. 6C). We confirmed that digestion in PK for 60 min largely eliminated the protein as detected by silver staining (Fig. 6B).

L166P mutation affects membrane-binding ability

To investigate the pathogenicity of the mutant DJ-1 on membrane-binding ability, a membrane-binding assay was performed using the GST recombinant protein of wild type DJ-1 (GST–DJ-1 WT) and various pathogenic mutants. To eliminate the effects of endogenous DJ-1, DJ-1 knockout (KO) mice were used for this experiment. Synaptosomes from

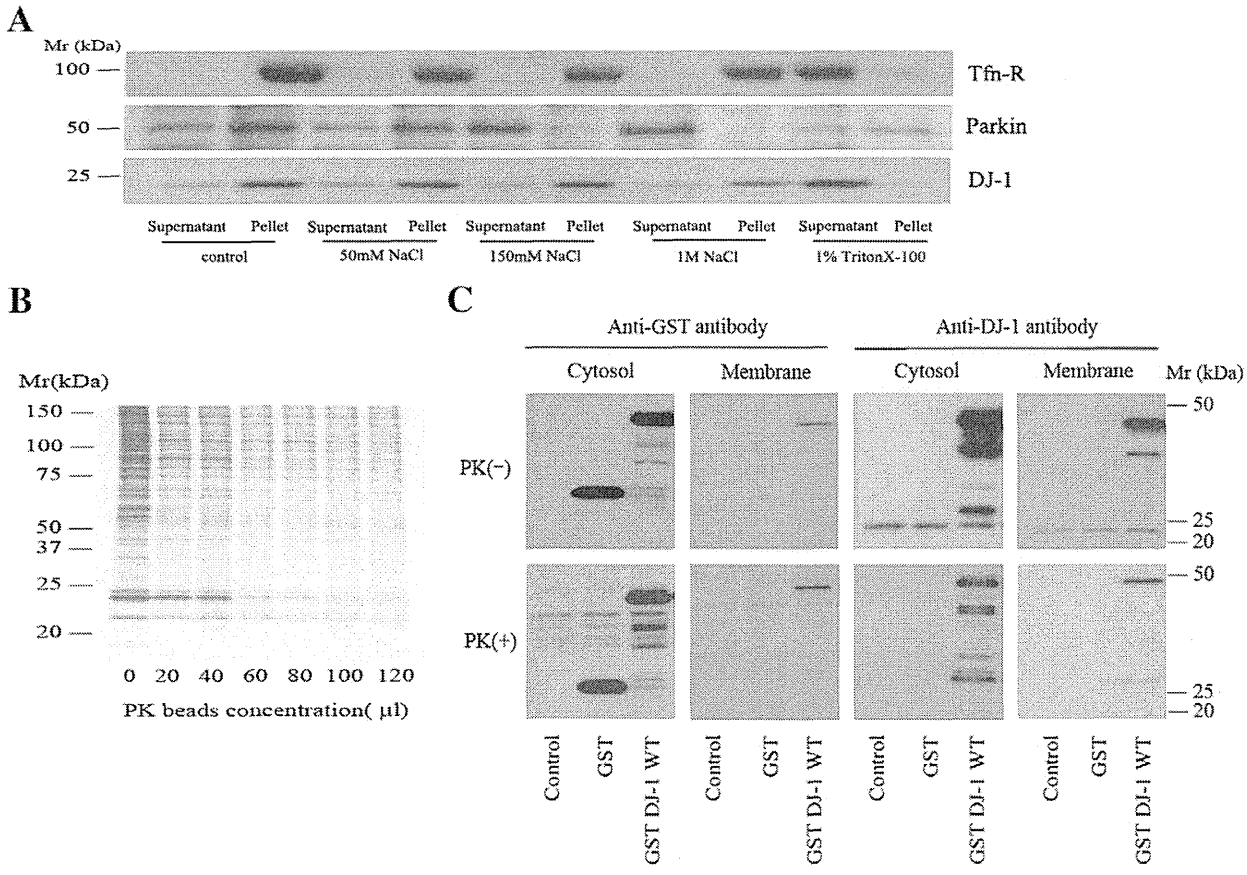

Fig. 6. Endogenous DJ-1 associates with cytosol and plasma membrane in PC12 cells. (A) Effects of various salt concentrations and non-ionic detergent on solubilization of DJ-1, Parkin, and transferrin receptor (Tfn-R). DJ-1 was concentrated in both the cytosol and membrane fractions of PC12 cells in the detergent-free isotonic buffer (control). DJ-1 did not shift from the membrane to the cytosol with increasing salt concentration, whereas Parkin relocalized from the membrane to cytosol, and Tfn-R remained in the pellet. However, DJ-1 did release from the membrane after being subjected to Triton X-100. Tfn-R was readily solubilized in this condition as well. Parkin remained in the pellet. Equal volumes of each of the fractions were loaded, followed by immunoblotting. (B) Silver staining of PC12 membranes treated with Proteinase K (PK) for 60 min at 30 °C showed a progressive loss of detectable membrane proteins with increasing PK concentration. (C) Recombinant DJ-1 wild type (WT), fused at its N terminus to the GST protein, was reacted with PC12 membranes or PK-treated membranes for 60 min at 30 °C. The GST-tagged protein, which served as a negative control, was also reacted. The reacted samples were centrifuged and divided into supernatant and pellet. Both supernatant and pellet were subjected to SDS–PAGE followed by immunoblotting. Anti-GST antibody detected the GST–DJ-1 WT recombinant protein band in the pellet fraction, whereas the GST-tagged protein was not detected in the pellet fraction. GST–DJ-1 WT recombinant protein directly associated with the plasma membrane in the in vitro assay.

DJ-1 KO mice were incubated with the GST–DJ-1 WT recombinant protein, or the GST–DJ-1 mutant recombinant proteins. Bound proteins were separated by centrifugation at 260,000*g* for 2 h. Compared with WT, the L166P mutant exhibited less binding to the synaptic membranes obtained from DJ-1 KO mice. However, there were no apparent differences between other pathogenic mutants and the WT in their membrane-binding property (Fig. 7A, B).

To further analyze the subcellular localization of various pathogenic DJ-1 mutants, HeLa cells were transfected with various DJ-1 mutants, as well as WT DJ-1 as control. M26I, A104T, and D149A showed diffuse and punctate distribution, similar to WT. By comparison, L166P exhibited localization near the plasma membrane (Fig. 7C).

Discussion

The overarching goal of this study was to determine the endogenous localization and membrane binding ability of DJ-1 and to elucidate potential differences in its properties between WT and pathogenic mutants. Immunocytochemistry for endogenous DJ-1 showed that the labeled structures distributed diffusely and displayed punctate staining. In the biochemical experiments, endogenous DJ-1 localized to the Golgi apparatus, cellular membranes, and synaptic vesicles which contain synaptophysin and Rab proteins. The GST–DJ-1 protein was found to be bound to cultured cellular membrane and mouse synaptosomes, as evidenced in the in vitro binding assay. Furthermore, this study shows that compared with WT, the L166P mutant exhibited less binding to the synaptic vesicles from DJ-1 KO mice.

Although several studies have reported on the mitochondrial localization of DJ-1 in cultured cells and mouse brains (Bonifati et al., 2003; Canet-Aviles et al., 2004; Miller et al., 2003; Zhang et al., 2005), Bandopadhyay et al. reported that they could not confirm the mitochondrial localization of endogenous DJ-1 in mouse primary astrocytes and hippocampal neurons (Bandopadhyay et al., 2004). Olzmann et al. described that DJ-1 localizes to the striatal axons and pre-synaptic terminals, suggesting a role for DJ-1 in dopaminergic neurotransmission (Olzmann et al., 2007). Zhang et al. also showed that DJ-1 was found in a synaptic-enriched fraction, however, they did not mention whether DJ-1 is associated with membrane trafficking (Zhang et al., 2005). In our experiments, DJ-1 partly localized to the synaptic cytosol, vesicles and membranes in the synaptic terminals of the mouse brain. However, a small portion of endogenous DJ-1 was located in mitochondria under steady state conditions, consistent with previous reports (Bandopadhyay et al., 2004; Nural et al., 2009). Thus, the present findings of endogenous DJ-1 localization provide evidence that DJ-1 may be associated with synaptic vesicles.

DJ-1 has the same distribution as members of the monomeric GTPases family called Rab proteins, known through biochemical

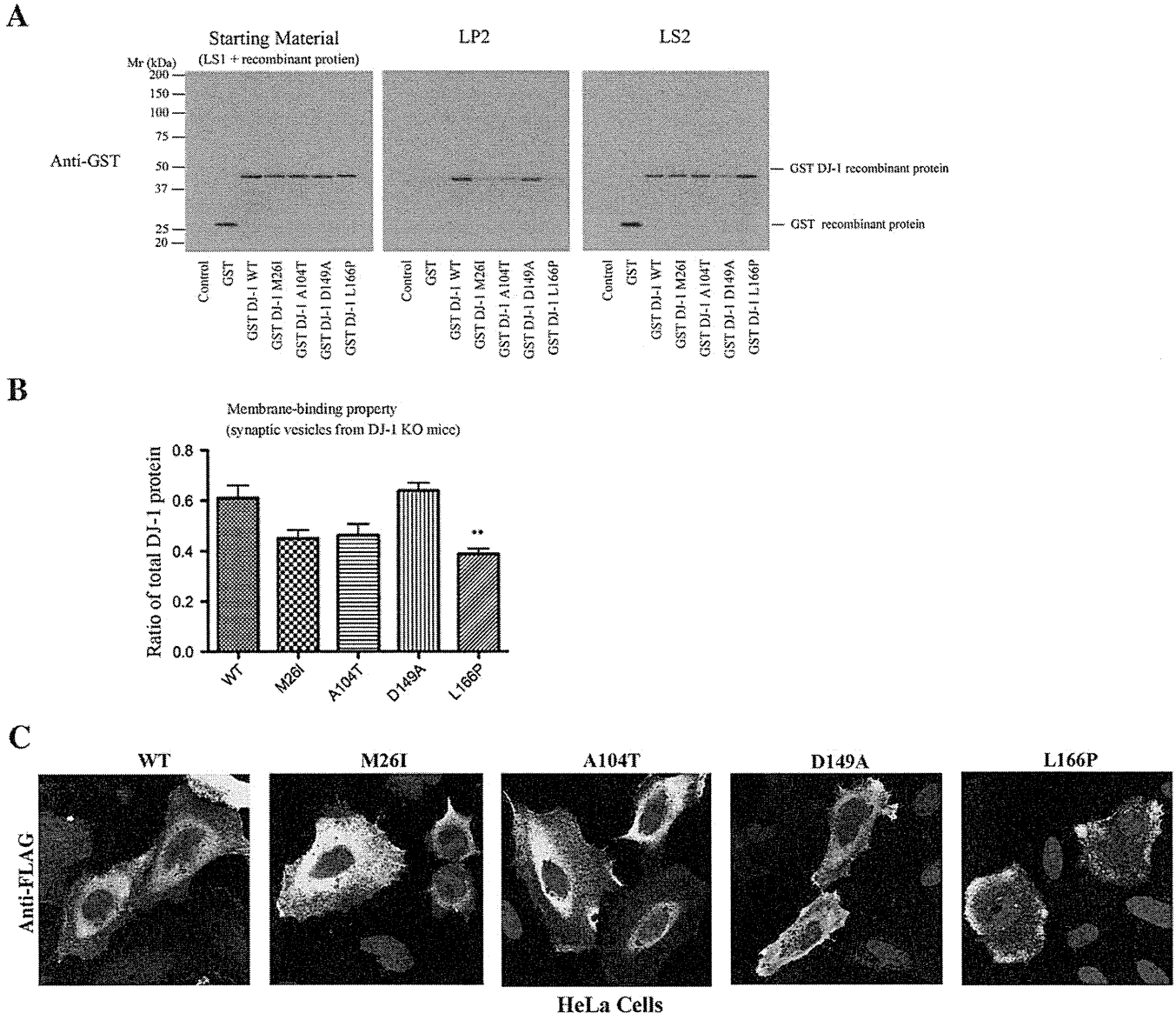

Fig. 7. Pathogenic DJ-1 mutants can bind membranes in the in vitro assay. (A) The LS1 fraction of DJ-1 KO mouse was reacted for 20 min at 30 °C with 500 nM GST recombinant protein, WT, or various mutants. Each of the bound proteins was divided into an LP2 fraction (synaptic vesicles) and an LS2 fraction (synaptic cytosol) by ultra-centrifugation at 260,000g for 2 h at 4 °C. The samples were subjected to SDS–PAGE followed by immunoblotting. The A104T, L166P, and M26I mutations also had lower bands corresponding to synaptic vesicles (LP2 fraction), compared with WT and D149A DJ-1. The GST-tagged protein, which served as a negative control was not detected. (B) Quantitative data from three independent experiments showed that the L166P mutant had reduced binding ability with the synaptic membrane. Immunoreactivity was quantified and expressed as percentage of bound (LP2) to total DJ-1 protein (LP2 + LS2). The data were plotted as the mean ± SEM. $^{**}P<0.001$ vs. WT, one-way ANOVA with Dunnett's Multiple Comparison Test. The other mutations were not statistically significant. The data were analyzed by GraphPad Prism (GraphPad Software, Inc.). (C) HeLa cells were transfected with expression vectors for FLAG-DJ-1 WT, M26I, A104T, D149A, or L166P. After 24 h, immunocytochemistry assay was performed on the cells. WT and the mutants, with the notable exception of the L166P mutant, appeared to have diffused subcellular distribution. WT was localized to the cytosol and in punctate spots. Similar results were obtained for mutants DJ-1, except for L166P. L166P localized near the plasma membrane.

studies as proteins associated with membrane trafficking (Harald Stenmark, 2001). DJ-1 may possibly associate with one and/or some of the Rab proteins. Actually, DJ-1 was found to partly colocalize with Rab3A by double-staining. Rab3A associates with immature secretory granules from the trans-Golgi network and has positive roles in exocytosis (Handley et al., 2007). Considering the colocalization between DJ-1 and Rab3A at synaptic terminals, DJ-1 could be involved in the vesicular trafficking system in such processes as exocytosis. Actually, DJ-1 KO mice exhibited altered synaptic functions, such as less sensitivity to the inhibitory effects of D2 auto receptor stimulation (Goldberg et al., 2005).

How can DJ-1 participate in synaptic vesicle transport? Corresponding with the results of the in vitro immunoisolation and immunoprecipitation assay, DJ-1 was found to not bind synaptophysin and VAMP2 directly, but DJ-1 localized with the synaptophysin and VAMP2-associated vesicles. In the in vivo FRET assay, a small portion of DJ-1 interacted with synaptophysin. Therefore, part of DJ-1 may be fairly close to synaptophysin and VAMP2. Neurotransmitter exocytosis involves sequential association of many synaptic proteins. Vesicular fusion, which is the central process of exocytosis, is mediated by the regulation of soluble N-ethylmaleimide sensitive factor (NSF) attachment protein receptor complexes, including VAMP2, syntaxin and synaptosome-associated protein 25 kDa (SNAP-25). These proteins interact with each other and play a critical role in the step between vesicle docking and fusion (Edelmann et al., 1995). Interestingly, several steps of vesicle fusion are regulated by molecular chaperones such as

NSF, 70 kDa heat-shock cognate protein, and cysteine-string protein (Zinsmaier and Bronk, 2001). DJ-1 is supposed to be a member of the DJ-1/YajL/PfpI superfamily, which function as molecular chaperones, and in RNA binding and hydrolase activity (Wei et al., 2007). Therefore, DJ-1 may participate in the regulation of neurotransmitter release as a molecular chaperone on synaptic vesicles.

From the results of the membrane-binding assay, DJ-1 was found to directly associate with membranes without an intermediary protein. Considering that the membrane binding of DJ-1 was not influenced by high-salt conditions, DJ-1 does not appear to associate with the membrane through electrostatic interactions such as ionic bonds, hydrogen bonds, and van der Waals attraction. Incubation with the non-ionic detergent Triton X resulted in release of DJ-1. This may mean that DJ-1 might prefer not to associate with lipid rafts, which are microdomains on membranes containing GM1 ganglioside, GPI anchor proteins, and several other membrane proteins (Edidin, 2003; Legler et al., 2005). Additionally, DJ-1 has no obvious amino acid sequences that serve as a targeting signal and transmembrane domains based on computer analysis (Kyte, 1982). Therefore, DJ-1 probably attaches to membranes through hydrophobic interactions.

Membrane proteins can bind to the lipid bilayer in various ways (Bruce Alberts, 2002; Lomize et al., 2007). In the proteins, peripheral membrane proteins temporarily adhere to the surface of the membrane. Some of them interact with membranes via an amphipathic α helix in the cytosolic monolayer (Bruce Alberts et al., 2002; Lomize et al., 2007). Based on crystal analyses, DJ-1 consists of a six-stranded parallel β-sheet sandwiched by eight α-helices and with a β-hairpin on one end and a three-stranded anti-parallel β-sheet on the opposite end (Anderson and Daggett, 2008; Wilson et al., 2003). Although the structure of DJ-1 is similar to that of a bacterial protein Pfp1, which is known as a cysteine protease, one major difference is the presence of an additional α-helix (helix αH) at the C terminus of DJ-1. The function of the helix αH is assumed to play a role in dimerization in combination with the helix αG (Honbou et al., 2003; Wilson et al., 2003). L166P is at the middle of the helix αG and is associated with significant structural deformations in this helix (Wilson et al., 2003). Additionally, the L166P mutant influences the membrane-binding property and disrupts the DJ-1 dimer (Anderson and Daggett, 2008). Therefore, we suspect that the α helices at the C terminus of DJ-1 are also able to function in membrane binding.

We also showed that the L166P mutant exhibits less binding to the synaptic vesicles from the DJ-1 KO mice compared with the WT, using the membrane-binding assay with the WT and various pathogenic mutations. Considering that the membrane-binding abilities of other mutations had no statistical difference with WT, it is presumed that the helix αG at the C terminus of DJ-1 associates with membrane binding. Actually, the results of the immunocytochemistry analysis of WT or mutants of DJ-1-overexpressing cells also revealed that the L166P mutant altered intracellular localization.

Based on our experiments, we believe that the association between DJ-1 and synaptic vesicles may contribute to the pathomechanisms in *PARK7*-linked PD. The previous studies have reported that α-synuclein, Parkin, and LRRK2 also localize to synaptic membranes and are associated with membrane trafficking (Abeliovich et al., 2000; Fallon et al., 2002; Hatano et al., 2007; Kahle et al., 2000; Kubo et al., 2001; Shin et al., 2008). Abnormality of membrane trafficking could be considered an important pathomechanism of PD as a common pathway. Further research may elucidate how DJ-1 associates with synaptic vesicles and why the loss of DJ-1 causes dopaminergic neuronal degeneration in PD.

Conclusions

This study is the first report showing the precise localization of endogenous DJ-1. We showed that DJ-1 colocalized with the Golgi apparatus proteins GM130 and the synaptic vesicle proteins synaptophysin and Rab3A. Although wild-type DJ-1 protein directly associated with membranes without an intermediary protein, the pathogenic L166P mutation of DJ-1 exhibited less binding to synaptic vesicles. Our findings indicate that DJ-1 associates with membranous organelles including synaptic membranes for its normal function.

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REVIEW

Molecular pathogenesis of Parkinson's disease: update

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ABSTRACT

Parkinson disease (PD) is a neurodegenerative disease characterised by progressive disturbances in motor, autonomic and psychiatric functions. Much has been learnt since the disease entity was established in 1817. Although there are well established treatments that can alleviate the symptoms of PD, a pressing need exists to improve our understanding of the pathogenesis to enable development of disease modifying treatments. Ten responsible genes for PD have been identified and recent progress in molecular research on the protein functions of the genes provides new insights into the pathogenesis of hereditary as well as sporadic PD. Also, genome wide association studies, a powerful approach to identify weak effects of common genetic variants in common diseases, have identified a number of new possible PD associated genes, including PD genes previously detected. However, there is still much to learn about the interactions of the gene products, and important insights may come from chemical and genetic screens. In this review, an overview is provided of the molecular pathogenesis and genetics of PD, focusing particularly on the functions of the PD related gene products with marked research progress.

INTRODUCTION

Parkinson's disease (PD) is the second most common progressive neurodegenerative disease, named after James Parkinson's who provided a classic account of the condition in 1817. Affecting 1–2% of the population over the age of 65 years, the prevalence of PD increases by approximately 4% in those older than 85 years. Ten genes that contribute to the genetic aetiology of hereditary PD (hPD) were identified, mainly through positional cloning strategies in inherited PD patients and families (table 1).[1 2] Several responsible genes for hPD have been identified, and based on functional studies in vitro and in vivo of gene products, some have been found to interact with each other in various cellular systems for homeostasis, such as synaptic homeostasis (α-synuclein), mitochondrial maintenance (PINK1, parkin, DJ-1, Omi/HtrA2), autophagy–lysosome pathway (α-synuclein, parkin, PINK1, Omi/HtrA2), axonal transport (LRRK2) and ubiquitin proteasome systems (α-synuclein, parkin, DJ-1, UCH-L1). Impairments in a number of cellular systems have been suggested to underlie hPD (figure 1). Also, more recent studies revealed that mutations in the same genes can be involved in familial PD and be risk factors for sporadic PD (sPD), suggesting that inherited and sPD could have common pathological mechanisms.[3] Therefore, understanding the function of the proteins encoded by hPD genes will hopefully further our understanding of the mechanisms leading to inherited and sPD.

In this review, we will summarise the latest research progress in the molecular mechanisms of hPD and genetic association studies of sPD.

HEREDITARY PD

α-Synuclein (PARK1 and PARK4)

Clinicogenetics

SNCA was the first causal PD gene identified in a large Italian family.[4] Mutations (A30P, E46K and A53T), duplications and triplications of the *SNCA* gene have been reported.[2] Clinical features of patients with the E46K mutation are similar to those of dementia with Lewy bodies, while A30P is not associated with severe dementia. Individuals with *SNCA* triplication developed an early onset form of PD with rapid progression and more extended neurodegeneration.[5]

Recent genome wide association studies (GWAS) have demonstrated a strong association between common single nucleotide polymorphism within the *SNCA* locus and PD in European and Japanese population, consistent with the finding that variation at the *SNCA* locus increases PD susceptibility.[6–9] Although the *SNCA* single nucleotide polymorphism associated with sPD show a low OR (1.2–1.4), these findings are consistent with α-synuclein aggregation pathology.

Molecular biology

α-Synuclein is mainly expressed in the presynaptic terminal of the CNS. The protein binds with lipids and unfolds in the steady state. Although the exact function remains unclear, it regulates dopamine homeostasis in presynaptic vesicle cycling.[5] The phenotype of α-synuclein knockout mice is unremarkable and only shows a mild decrease in dopamine levels in the striatum and a mild decrease in synaptic vesicles in the hippocampus. Compared with the wild-type α-synuclein, mutant forms easily aggregate in neuronal cells in vitro and in vivo.[10 11] Transgenic mice with wild or mutant α-synuclein under various promoters have shown neuronal inclusions, mitochondrial abnormalities and neurodegeneration.[12–14] Which type of α-synuclein species is the most toxic to cells remains unclear but some studies assert that mature aggregates are not themselves the toxic moiety but rather an attempt by the cell to clear small toxic oligomers.[15] Hsp90 modulates the assembly of α-synuclein in an ATP

Table 1 Genetic and clinical characteristics of hereditary Parkinson's disease

Locus	Inheritance	Gene	Type of mutation	Clinical features
PARK1/PARK4	AD	SNCA	Missense, duplication, triplication	A30P: late onset, L-dopa responded parkinsonism; A53T: typical parkinsonism with rapid progression; E64K: DLB-like symptoms; duplication: typical parkinsonism; triplication: early onset parkinsonism with rapid progression
PARK2	AR	PRKN	Nonsense, frameshift, missense	Early onset, symmetric, slowly progressed parkinsonism with spasticity and sleep benefits
PARK3	AD	Unknown	–	–
PARK5	AD	UCH-L1	Missense	Similar to sporadic PD
PARK6	AR	PINK1	Nonsense, frameshift, missense	Early onset typical parkinsonism with psychiatric symptoms and L-dopa associated dyskinesia
PARK7	AR	DJ-1	Missense	Early onset parkinsonism with psychiatric symptoms, occasionally with scoliosis and blephalospasm
PARK8	AD	LRRK2	Missense	Middle to late onset typical parkinsonism with response to L-dopa
PARK9	AR	ATP13A2	Missense, deletion, insertion, duplication	Rapidly progressed parkinsonism with dementia and pyramidal features
PARK10	Sporadic	Unknown	–	–
PARK11	AD	Unknown	–	–
PARK12	Sporadic	Unknown	–	–
PARK13	AD	Omi/HtrA2	Missense	Typical parkinsonism
PARK14	AR	PLA2G6	Missense	Early onset parkinsonism with rapid progression, cognitive decline and brain atrophy (cerebellum and cerebrum)
PARK15	AR	FBXO7	Missense, frameshift	Early onset parkinsonism with spasticity and response to L-dopa
PARK16	Sporadic	Unknown	–	–

AD, autosomal dominant; AR, autosomal recessive; DLB, dementia with Lewy bodies; PD, Parkinson's disease.

dependent manner by restricting conformational fluctuations of α-synuclein.[16] Recent advances in research on the protein degradation system associated with PD revealed the importance of ubiquitin proteasome and the autophagy–lysosome pathway in disease pathogenesis.[17] Wild-type α-synuclein is degraded by both chaperone mediated autophagy and macroautophagy, while A30P and A53T are degraded mainly by the latter.[17–19] Furthermore, macroautophagy itself is blocked by α-synuclein via Rap1a dysregulation.[20]

Several lines of evidence have shown that permeabilised α-synuclein from a neuron may be toxic to neurons and/or glias they are next to. Actually, grafted healthy neurons can gradually develop the same pathology as host neurons in PD brains.[21] These findings have suggested that non-cell autonomous cell death as well as cell autonomous cell death may have an important role in disease pathogenesis.

Parkin (PARK2)

Clinicogenetics

The first genetic locus for autosomal recessive juvenile parkinsonism was mapped to chromosome 6, and the disease gene named parkin (*PRKN*) was identified in consanguineous families.[22–24] Mutations in the *PRKN* gene are most common in autosomal recessive juvenile parkinsonism and many mutations have been reported.[3] The clinical picture is similar to that of sPD except for earlier onset, dystonic features, brisk reflexes and sleep benefit. Pathologically, no Lewy bodies were seen in most cases.[25–27] Whether or not heterozygous *PRKN* mutations may cause or increase the susceptibility to late onset typical PD remains controversial. [18F]Fluorodopa uptake by positron emission tomography was reduced in heterozygous carriers without symptoms.[28 29] In addition, heterozygous carriers of *PRKN* mutations have been reported to have either minor motor signs or present with late onset parkinsonism, suggesting a link between heterozygous mutations and disease pathogenesis.[27 30 31] On the other hand, screening for *PRKN* mutations in late onset PD and healthy controls revealed similar frequencies of genetic variants.[32 33]

Molecular biology

Parkin is associated with the ubiquitin proteasome system as an E3 ubiquitin ligase.[34] The C terminal binds with ubiquitin E2 enzymes and recognises a substrate whereas the N terminal interacts with the 19S subunit of proteasome. A nonsense mutation lacking the rear RING finger motif had no E3 activity and sole IBR-RING2 retained E3 activity, and thus most parkin mutations do not lead to loss of kinase activity.[35] α-Synuclein and synphilin-1 were identified as parkin substrates and consist of Lewy bodies.[36 37] Parkin mainly localises in the cytoplasm as well as in plasma membranes and partly in mitochondria. Under physiological or pathological conditions, parkin is involved in mitochondrial maintenance and recent evidence revealed that parkin with PINK1 physically associate and functionally cooperate to identify and label damaged mitochondria for selective degradation via autophagy (mitophagy).[38–42] Protein–protein interactions between parkin and other PD related genes are detailed in each gene section.

PINK1 (PARK6)

Clinicogenetics

PARK6 was first identified on chromosome 1p36.[43] The disease gene was identified as *PINK1* (PTEN induced kinase 1) containing eight exons.[44] The clinical characteristics are autosomal recessive, early onset, slow disease progression and L-dopa responsive parkinsonism. Most mutations were missense mutations, but whole gene deletions were also reported.[45 46] Many putative pathogenic mutations were also observed in a heterozygous state in familial and sPD patients as well as in healthy controls. However, most of the studies have not checked the copy number variants, causing the mutation pathogenicity to remain controversial.[2] Lewy bodies, neuronal loss and astrocytic gliosis in the substantia nigra were detected in a patient with *PINK1* compound heterozygous mutations.[47]

Molecular biology

PINK1 has eight exons encoding 581 amino acids, including a mitochondrial targeting sequence, transmembrane domain and

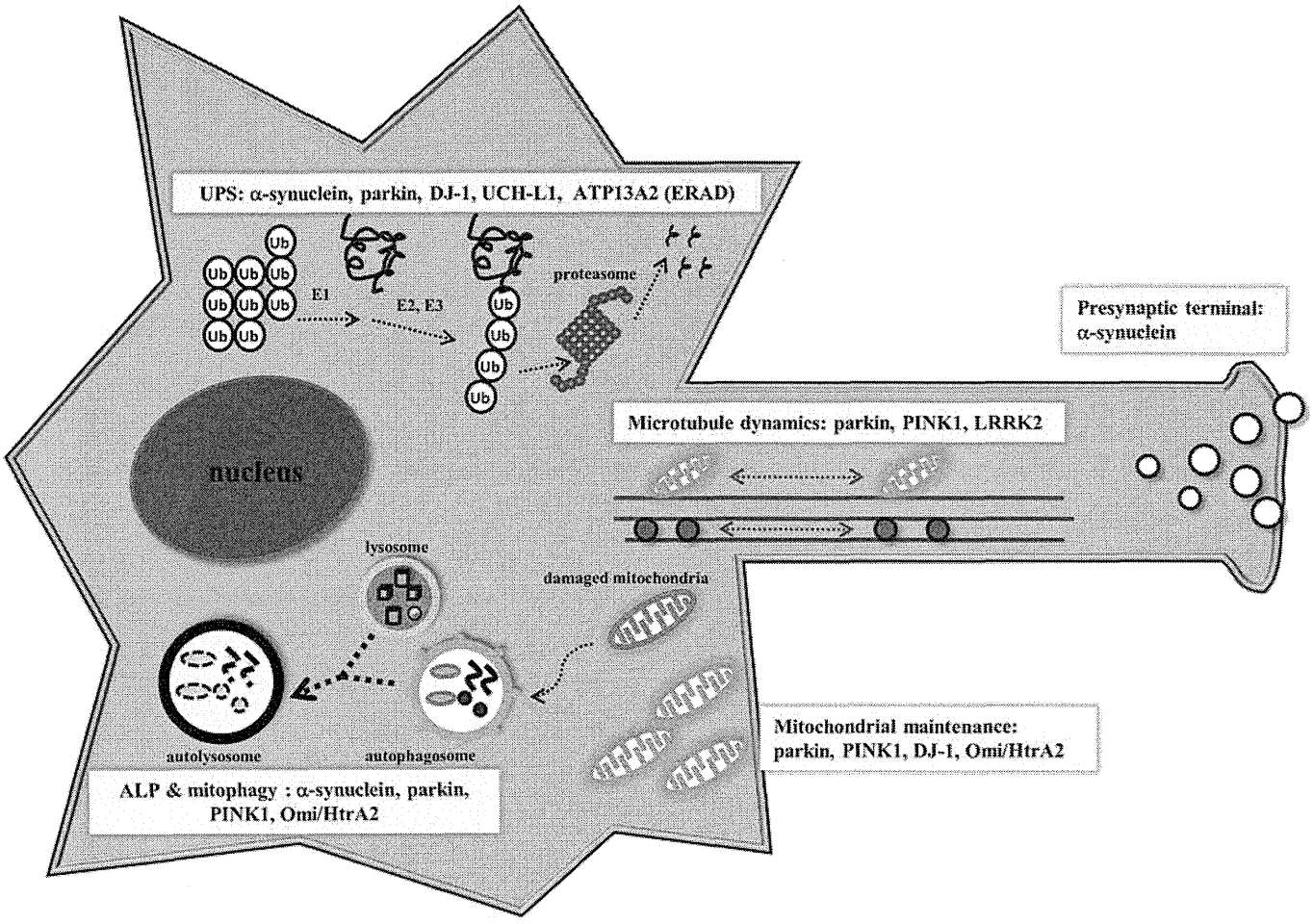

Figure 1 Schematic representation of the possible pathogenesis in hereditary Parkinson's disease. ALP, autophagy–lysosome pathway; ERAD, endoplasmic reticulum associated degradation; Ub, ubiquitin; UPS, ubiquitin proteasome system.

kinase domain.[48] The gene product is ubiquitously expressed in the brain and systemic organs. The protein mainly localises in mitochondria, especially in the outer membrane. PINK1 is a serine–threonine kinase and several pathological mutations in PINK1 have been reported to change their kinase activities.[49–52] In addition, Rictor (a component of mTORC2),[53] tumour necrosis factor receptor associated protein 1 (TRAP1; a mitochondrial chaperone),[50] Omi (PARK13 gene product) and parkin (PARK2 gene product) were identified as substrates for PINK1.[54 55]

PINK1 regulates mitochondrial dynamics and respiratory functions.[38 53 56–58] Mitochondrial fission is accelerated by PINK1 overexpression accompanied by parkin.[59 60] PINK1 ablation with siRNA in neurons reduces resistance against oxidative stress while its overexpression provides resistance.[61] Using genetically modified Drosophila models, we see that PINK1 deficiency causes the same phenotype as parkin deficiency and the PINK1 deficiency phenotype is rescued by parkin complementation, suggesting that parkin is downstream of PINK1.[62–64] Several lines of evidence have provided new aspects of the PINK1/parkin pathway associated with mitochondrial elimination via macroautophagy (mitophagy). When mitochondrial membrane potentials are lost, endogenous PINK1 is accumulated followed by parkin recruitment, and subsequently the depolarised mitochondria were eliminated by mitophagy.[40 41 65 66] Mitochondrial targeting sequence, kinase activity of PINK1 and the linker domain of parkin are indispensable for the PINK1/parkin mediated mitophagy.

DJ-1 (PARK7)

Clinicogenetics

Clinical features of *PARK7* are characterised by early onset parkinsonism with scoliosis, blephalospasm and psychiatric symptoms, similar to those of *PARK2* and *PARK6*. The disease gene was identified as *DJ-1*, which has eight exons encoding 189 amino acids. Three missense mutations (L166P, M26I, E64D) in exons 1–5 of the gene have been identified in Italian, Dutch and Uruguayan families. *DJ-1* protein was detected around Lewy bodies, suggesting *DJ-1* is not in the main structure of Lewy bodies. However, the protein was detected in astrocytes and in a part of the cytoplasmic inclusions positive to tau in brains with corticobasal degeneration, progressive supranuclear palsy and multiple system atrophy.[67–69]

Molecular biology

DJ-1 is almost ubiquitously expressed in organs, including the brain. Endogenous DJ-1 is present in synaptic terminals, mitochondria and membranous organelles.[70 71] DJ-1 with the L166P mutation lost more stability compared with the wild-type and mutant DJ-1 (M26I, E64D).[72] In DJ-1 knockout mice, no significant loss of dopaminergic neurons and decreased susceptibility to oxidative stress were noted.[73] DJ-1 is a multifunctional redox sensitive protein regulating mitochondrial oxidative stress and increases expression levels of SOD1 in an Erk1/2-Elk1 pathway dependent manner,[74] and facilitates prosurvival factor Akt, leading to suppression of apoptosis.[75] Also, the protein

inhibits TRAIL induced apoptosis by blocking Fas associated protein death domain mediated pro-caspase-8 activation.[76] Along with parkin and PINK1, DJ-1 has various cellular functions such as regulation of mitochondrial morphology as well as misfolded protein degradation by forming an E3 ligase complex with those proteins.[77]

LRRK2 (PARK8)

Clinicogenetics

Clinical features of PARK8 are essentially similar to those of sPD except for earlier onset age. The disease gene was identified as the leucine rich repeat kinase 2 gene (*LRRK2*) linked to autosomal dominant inherited PD encoding 2517 amino acids.[78–80] PARK8 is the most common form of hPD in the world. Until now, 20 missense or nonsense mutations have been reported.[81] *LRRK2* mutations were also found in some sPD cases; neuropathological findings were heterogeneous.[82 83] Most of the cases with *LRRK2* mutations showed various degrees of Lewy bodies but intraneuronal aggregations positive to tau were rarely detected.[79 84 85] The G2019S mutation in *LRRK2* is the most common genetic cause of PD, accounting for a significant proportion of both autosomal dominant and sPD cases.

Molecular biology

LRRK2 protein, containing a GTPase domain, a Ras of complex domain, a C terminal of Ras complex domain and a mitogen activated kinase domain, is highly expressed in the brain, and mRNA levels are rich in the striatum and hippocampus compared with other regions.[86] Intracellular LRRK2 is mainly distributed in the plasma membrane and vesicular structures.[87 88] Immunoprecipitation techniques have revealed that LRRK2 interacts with parkin.[89] In transgenic flies, neurodegeneration by LRRK2 with or without a mutation is modified by overexpression or siRNA knockdown of parkin, PINK1 or DJ-1, suggesting genetic interaction between them.[90 91] Activity changes of LRRK2 kinase and GTPase have been suspected as a key factor in LRRK pathogenesis. Changes in LRRK2 activity cause alterations in mitogen activated protein kinase, translational control, tumour necrosis factor α/Fas ligand and Wnt signalling pathways with the cell biological functions of LRRK2 such as vesicle trafficking.[80] The most common pathological mutation in LRRK2, G2019S LRRK2, causes neurite retraction by activation of Rac1 small GTPase.[92] LRRK2 mutations inhibit an endogenous peroxidase by phosphorylation promoting dysregulation of mitochondrial function and oxidative damage.[93] G2019S human LRRK2 transgenic rat models specifically expressed in the nigrostriatal system have shown progressive degeneration of nigral dopaminergic neurons.[94] In terms of LRRK2 control, PKA has been identified as a potential upstream kinase of LRRK2 at S935, on which binding of 14-3-3 with LRRK2 depends.[95] However, the exact biological function of LRRK2 remains largely unclear because no physiological substrates have been identified to date.

ATP13A2 (PARK9)

Clinicogenetics

PARK9, also known as Kufor–Rakeb syndrome, is an autosomal recessive parkinsonian disorder characterised by early onset (14–16 years old), good response to L-dopa treatment, pyramidal feature, supranuclear gaze palsy and dementia.[96] The gene locus was mapped to 1p36 and the disease gene was identified as *ATP13A2*, which localises in lysosomal membranes.[97] Various types of mutations in the *ATP13A2* have been reported.

Molecular biology

ATP13A2 is predicted to be a lysosomal P5-type ATPase that plays important roles in regulating cation homeostasis. Although ATP13A2 function remains unclear, it might be involved in protecting cells against manganese and mutant α-synuclein toxicity.[98] Wild-type ATP13A2 localises mainly in lysosomes whereas three separate mutants with a mutation involved in PD cause retention of the protein in the endoplasmic reticulum, and are eliminated by the endoplasmic reticulum associated degradation pathway.[99] Wild-type ATP13A2, but not pathogenic mutants, reduced intracellular manganese concentration and prevented cytochrome C release from the mitochondria.[100]

Omi/HtrA2 (PARK13)

Clinicogenetics

Missense mutations in the gene coding for Omi/HtrA2 were reported to be associated with four patients with sPD, presenting with typical parkinsonism.[55] G399S and A141S mutations were detected and resulted in defective activation of the protease activity of Omi/HtrA2. Pathologically, accumulation of Omi was found in neuronal and glial inclusions in brains with α-synucleinopathies as well as in Lewy bodies.[101] The largest association study revealed no overall strong association of Omi/HtrA2 variants with sPD in populations worldwide.[102]

Molecular biology

Omi/HtrA2 is a nuclearly encoded mitochondrial protein consisting of 458 amino acids, originally identified as a proapoptotic protein binding with an apoptosis inhibiting protein.[103 104] Omi knockout mice presented with neuronal loss in the striatum and died within 30 days of birth.[105] Cells overexpressing Omi mutant with G399S have shown mitochondrial morphological changes followed by dysfunction and increased susceptibility against oxidative stress.[55] Interestingly, wild-type Omi/HtrA2, not protease defective mutant, activates autophagy through digestion of Hax-1, a Bcl-2 family related protein that represses autophagy via Beclin-1 inhibition, suggesting an insufficient protein degradation system may play a key role.[106]

PLA2G6 (PARK14)

Clinicogenetics

PARK14 is an autosomal recessive parkinsonian syndrome characterised by early onset rapidly progressive parkinsonism, dystonia, cognitive decline, and cerebral and cerebellar atrophy. Through homozygosity mapping and direct sequencing, two different homozygous mutations in *PLA2G6*, which also causes infantile neuroaxonal dystrophy and neurodegeneration with brain iron accumulation, were identified.[107 108] Cranial MRI did not detect iron accumulation in the basal ganglia in most cases with this disorder.[108 109]

Molecular biology

The PLA2G6 gene encodes a group VIA calcium independent phospholipase A2, also known as calcium independent phospholipase A2 β, which hydrolyses the sn-2 acyl chain of phospholipids, generating free fatty acids and lysophospholipids. In an in vitro assay, wild-type PLA2G6 associated with infantile neuroaxonal dystrophy/neurodegeneration with brain iron accumulation failed to catalyse fatty acid release from phospholipids, while PARK14 associated mutations ((R741Q, R747W and R632W) did not, implying that other functions of PLA2G6

include interactions with calmodulin and that PLA2G6 might also be associated with calcium/calmodulin dependent protein kinase II-β.[110 111]

FBXO7 (PARK15)

Clinicogenetics

Only three families with mutations in *FBXO7* have been reported.[112 113] Affected individuals had juvenile onset (10–19 years old) of progressive parkinsonism associated with spasticity, and variable response to L-dopa. No pathological studies have been reported.

Molecular biology

Fbox7 is a member of the F box containing protein (FBP) family with an F box domain. F box containing proteins are expected to function as molecular scaffolds in the formation of the protein complex; however, the exact function of FBXO7 remains unclear.

OTHER GENES ASSOCIATED WITH PARKINSON'S DISEASE

GWAS have uncovered a number of candidate genes involved in PD in European and Japanese populations, indicating a substantial contribution of genetics underlying susceptibility to both early onset and late onset PD.[6 7 114–119] These studies have shown repeatedly a common variation in *SNCA* and an inversion of the region containing the *MAPT*. Recent genetic studies revealed mutations in the *GBA* gene, the most widespread genetic risk factor for parkinsonism identified to date.[120–124] In this section, we summarise the molecular mechanisms of the two genes, MAPT and GBA.

MAPT

Mutations in *MAPT*, encoding microtubule associated tau, result in tauopathies, including progressive supuranuclear palsy, corticobasal degeneration and frontotemporal lobar degeneration.[125] Tau is a soluble protein, but insoluble aggregates are produced during the formation of neurofibrillary tangles which disrupts microtubule associated dynamics and neuronal functions. Considering the interplay between α-synuclein and tau reported previously,[126] it is interesting that there would be a common pathogenesis associated with aggregation formations.

GBA

Early observed patients with Gaucher disease and their heterozygous relatives present with parkinsonism.[127] In addition, autopsy studies have shown the presence of mutant glucocerebrosidase (GCase) in α-synuclein positive Lewy bodies in Gaucher disease patients and carriers with α-synucleinopathies.[128] GCase is a lysosomal hydrolase with 497 amino acids that catalyses the metabolism of the glycolipid glucosylceramide to ceramide and glucose. Cells overexpressing mutant GCase promoted α-synuclein accumulation in a dose and time dependent manner.[129] α-Synuclein GCase interacts selectively under lysosomal solution conditions (pH 5.5) and the interaction site was mapped to the α-synuclein C terminal residues 118–137.[130] Insufficient functions of the lysosomes may have an effect on chaperone mediated autophagy or macroautophagy.

CONCLUDING REMARKS

In the 14 years since the first causative gene (α-synuclein) in PD was discovered, great advances have been made in understanding the biology of the disease. Recent evidence shows that the environment plays no role in the aetiology of PD.[131] In addition, GWAS suggest that a number of genes influence susceptibility.[3] The PD associated genes provide valuable clues regarding the molecular pathogenesis of PD because the pathomechanism for sPD would have certain pathways in common with those of hPD. Importantly, basic biological studies in PD have led to numerous potential therapeutic strategies. For example, a specific inhibitor for LRRK2 phosphorylations at Ser910 and Ser935 was recently developed.[132] In the future, it becomes more important to translate laboratory data, including molecular pathogenesis as well as genetic associations, into clinical treatments, leading to disease modifying therapies to conquer the disease onset and/or progression.

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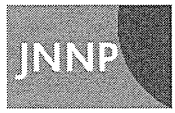

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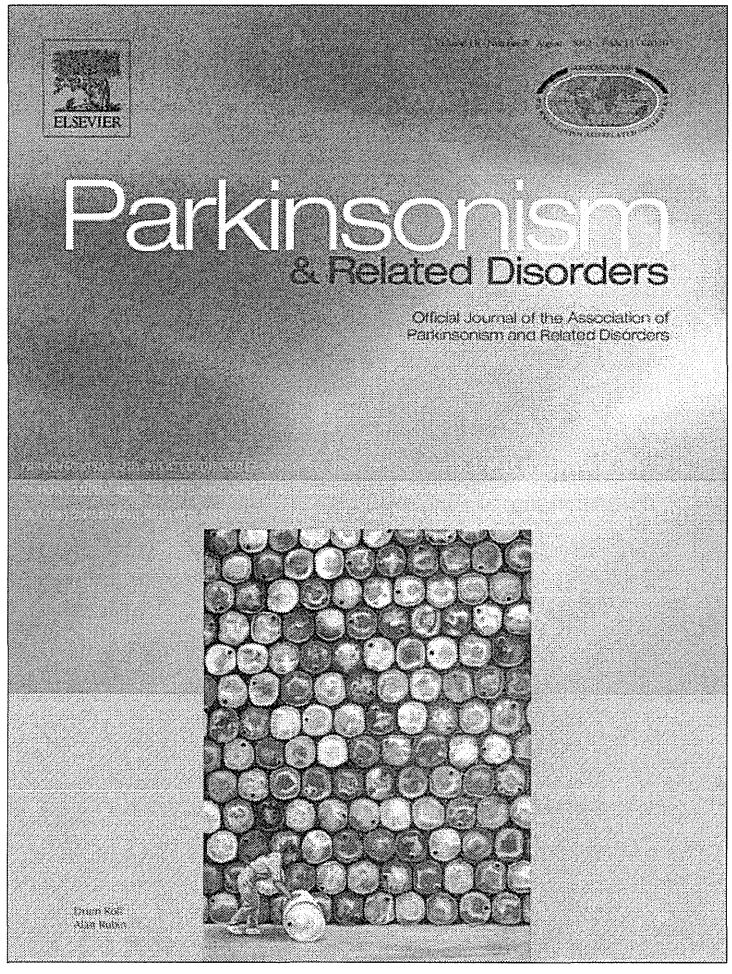

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LRRK2 I2020T mutation is associated with tau pathology

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ABSTRACT

Mutations in *the leucine-rich repeat kinase 2 (LRRK2)* gene are the most common cause of autosomal-dominant familial Parkinson's disease (FPD). The variable pathological features of *LRRK2*-linked FPD include Lewy bodies, degeneration of anterior horn cells associated with axonal spheroids, neurofibrillary tangles (NFTs) and TAR DNA-binding protein of 43 kDa (TDP-43) positive inclusion bodies. Furthermore, abnormal hyperphosphorylation of microtubule associated protein tau, in part generated by catalysis of protein kinases, has been reported to be involved in progressive neurodegeneration in a number of diseases, including FPD. Thus, we examined six patients carrying the *LRRK2 I2020T* mutation, a pathogenic mutation associated with PARK8, and found abnormal tau phosphorylation depositions in the brainstem. Additionally, we found LRRK2 I2020T enhanced tau phosphorylation in cultured cells co-expressing LRRK2-I2020T and 3 or 4-repeated tau. This is the first report describing the relationship between hyperphosphorylation of tau and LRRK2 I2020T.

1. Introduction

Parkinson's disease (PD) is a common neurodegenerative disease, characterized by rigidity, bradykinesia, resting tremor and postural instability. Mutations in *leucine-rich repeat kinase 2* (*LRRK2*) have been identified as the causative gene for *PARK8*-linked PD [1,2]. LRRK2, also known as PARK8, is a large protein of 2527 amino acids, with a molecular weight of approximately 280 kDa. LRRK2 contains multiple protein domains, including a leucine-rich repeat (LRR) domain, a ROC domain, a COR domain, a MAPKKK domain and a WD40 domain [2,3]. Various intracellular functions of LRRK2 have been reported, with alterations in its kinase activities thought to be critical for neuronal degeneration [4–7]. Interestingly, the *LRRK2 I2020T* mutation is located within the kinase domain and is also associated with altered kinase activity [6,8,9]. However, molecular studies have not shown a robust association between neuronal cell death and altered LRRK2 kinase activity, and the pathogenic mechanism of the *LRRK2 I2020T* mutation remains unknown.

Patients with *LRRK2* mutations show pleomorphic neuropathologies, which are not unique to PD and show overlap with other neurodegenerative diseases. These include nigral degeneration with or without Lewy bodies (LB) [2,10–14], also observed in diffuse LB disease [2,12,13], anterior horn cell degeneration associated with axonal spheroids, similar to amyotrophic lateral sclerosis [2], and neurofibrillary tangles (NFTs), also observed in progressive supranuclear palsy (PSP) [2,11,14,15] and Alzheimer's disease (AD) [2,12,13]. Notably, PD cases with G2019S [15], Y1699C [11] or I1371V [16] *LRRK2* mutations, have shown varied tau pathology. Similarly, Li et al. reported that tau was hyperphosphorylated in brain tissues from LRRK2-R1441G overexpressing mice, compared with LRRK2 wild type (WT) mice [17]. In addition, G2019S overexpressing mice [18] and Drosophila [19], exhibited tau alterations including mislocalization and hyperphosphorylation. Therefore, we investigated the relationship between the *LRRK2 I2020T* mutation and tau phosphorylation. We examined brain tissue from the Sagamihara family, a Japanese kindred originally reported to be linked to the *PARK8* locus [20], and found abnormally increased deposits of phosphorylated tau in the brainstem. Additionally, we showed that LRRK2 I2020T enhances tau phosphorylation in cultured cells co-expressing both LRRK2-I2020T and 3 or 4-repeated tau.

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However, there was no direct interaction between mutant LRRK2 and tau proteins. Our results indicate that the presence of the pathological I2020T mutation causes hyperphosphorylation of tau and may participate in the pathogenesis of PD and other tau-associated neurodegenerative diseases. Our findings contribute to the understanding of PARK8 pathogenesis.

2. Material and methods

2.1. Subjects

We examined the brains of six patients who came to autopsy. The clinical findings of patients A-E have been reported previously [20,22,23]. In this report patient A represents case 3, B case 4,C case 5 D case 9 E case 10 from the previous report [23]. All patients showed a good response to levodopa developing motor complications in the later stages of their disease, consistent with idiopathic PD. None had marked autonomic or cognitive dysfunction.

Patient F was a 68-year-old female. At 51 years of age, she developed clumsiness in the legs and gait disturbance, and was diagnosed with PD. Treatment with levodopa resulted in a marked improvement of her symptoms. She developed "wearing-off" motor fluctuations at age 57. By 64 years, she had developed visual hallucinations; by age 65, she was unable to walk without assistance. At She died at age 68 of multiple organ failure caused by pneumonia. You have said this already above. This patient was genetically determined to have the I2020T amino acid substitution in LRRK2.

2.2. Immunohistochemistry

Autopsy was performed within 6 h after death in each case. Brain sections were fixed in formalin and representative areas were embedded in paraffin and sectioned. Brain sections were stained with hematoxylin-eosin (H&E) for histological examination. For immunohistochemistry, sections of all patients were deparaffinized and incubated with the following primary antibodies: rabbit polyclonal antibody against ubiquitin (Dako; 1:800), and mouse monoclonal antibodies against phosphorylated α-synuclein (#64; Wako; 1:10,000) and phosphorylation-dependent tau (AT8; Innogenetics, 1:10,000). Primary antibodies were incubated overnight at 4 °C and then visualized by the avidin-biotin-peroxidase complex method. In addition, brain sections were stained with three repeat (3R) or four repeat (4R) tau-specific antibodies (RD3; 1:3000 or RD4; 1:1000 respectively; Upstate) [24], after pretreatment with potassium permanganate and oxalic acid to eliminate non-specific staining [25].

2.3. Construct preparation

pRK5-FLAG-LRRK2-WT and LRRK2-I2020T mutant vectors were prepared as described previously [21]. Three or 4 repeat tau cDNA was amplified from human adult brain using reverse transcript PCR and cloned into Myc-pcDNA 3.1(−). The rabbit polyclonal anti-LRRK2 antibody with synthetic peptides at the C-terminal end (2510-2527 aa) of human LRRK2 was generated as described previously [21]. Monoclonal mouse anti-human PHF-tau antibodies (clone AT-180 and clone AT-270), and tau antibody (clone HT-7) were from Innogenetics. Secondary antibodies conjugated to horseradish peroxidase were from GE HealthCare Bio-Sciences.

2.4. Cell Culture and transfection

COS-1 cells were grown in Dulbecco's modified Eagle's medium (Sigma–Aldrich) supplemented with 10% fetal bovine serum (Sigma–Aldrich) and 1% penicillin/streptomycin (Invitrogen) under an atmosphere of 5% CO_2 at 37 °C. COS-1 cells were transiently transfected with LRRK2 and tau vectors using FuGENE HD Transfection Reagent (Roche Diagnostics) according to the manufacturer's protocol.

2.5. Immunoblotting

After 96 h, cells were lysed in lysis buffer containing 50 mM Tris–HCl (pH 7.4), 150 mM NaCl, 1% nonidet P-40, 0.25% DOC, 400 μM Na_3VO_4, 400 μM EDTA, 1 mM EGTA, 10 mM NaF, 10 mM sodium pyrophosphate and protease inhibitors (Complete Mini, EDTA-free; Roche Diagnostics). To detect LRRK2, the samples were resolved on 3–8% NuPAGE Tris-acetate polyacrylamide gels (Invitrogen) in 1 × NuPAGE Tris-Acetate SDS running buffer and transferred onto polyvinylidene fluoride (PVDF) membrane. The membranes were blocked for 1 h in PBS containing 0.05% Tween-20 (PBS-T) and 5% non-fat milk (BD Difco) and then incubated overnight at 4 °C with the primary antibody. The membranes were washed with PBS-T three times followed by incubation for 1 h at room temperature with horseradish peroxidase-conjugated anti-rabbit IgG (1:4000) and immunoreactivity assessed by chemiluminescence reaction using Western Lightning ECL (Perkin Elmer-Cetus). To detect tau, samples were resolved on 10% NuPAGE Bis-Tris polyacrylamide gels (Invitrogen) in 1 × NuPAGE MOPS SDS running buffer and transferred onto PVDF membrane. The membranes were blocked for 1 h in TBS containing 0.05% Tween-20 (TBS-T) and 5% non-fat milk (BD Difco) and then incubated overnight at 4 °C with the primary antibody. The membranes were washed with TBS-T buffer three times followed by incubation for 1 h at room temperature with horseradish peroxidase-conjugated anti-mouse IgG (1:2000). The remaining steps were as described above. Blots were quantified using Image J software analysis.

2.6. Immunoprecipitation

Cell lysates were centrifuged at 15,000× *g* for 20 min at 4 °C and the resulting supernatant fluid was incubated with Anti-FLAG M2 Agarose (Sigma–Aldrich) overnight at 4 °C. The resin was separated by centrifugation, washed three times with lysis buffer and then boiled in Laemmli sample buffer. Finally, each sample was analyzed by SDS-PAGE followed by immunoblotting.

2.7. Statistical analysis

Three group comparisons were analyzed by UNI-ANOVA followed by Turkey's multiple comparison tests (SPSS). All values were expressed as mean ± SEM. A *P* value less than 5% denoted a statistically significant difference among the groups.

3. Results

3.1. Variable tau pathology in PD associated with LRRK2 I2020T mutation

A previous pathological study of *LRRK2 I2020T* patients reported an apparent loss of nigral neurons without LBs, with the exception of onecase with LBs. However extensive immunohistochemical analysis of phosphorylated tau was not performed.

The pathological features of patients A-E have been described previously [23]. The additional new patient (patient F) shared neuropathological features with patients A-E, as follows [23]. Macroscopic examination revealed marked discoloration of the substantia nigra (SN) (Fig. 1a), with a well preserved locus coeruleus (LC) (Fig. 1b). This region-specific contrast in neuropathology was confirmed following microscopic examination, with marked neuronal loss, gliosis and extraneuronal melanin present in SN (Fig. 1c), in contrast to well preserved neurons with minimal gliosis in LC (Fig. 1d). Of note, the dorsal motor nucleus of the vagus nerve (DVN) appeared predominantly normal. In addition, we observed Marinesco bodies, ubiquitin-positive intranuclear inclusions, in the surviving neuromelanin-containing SN neurons (Fig. 1e).

Characteristics of the tau-positive lesions are summarized in Table 1. Patient B and E had tau-positive lesions restricted to the brainstem, namely SN, LC and the trochlear nucleus (Fig. 2a). In patients C and D, abnormal phosphorylated tau depositions were observed not only in the brainstem but also in the hippocampus and amygdala. Senile plaques were not found in any regions. In patients A and F, there were no tau-positive lesions. Immunohistochemistry with isoform-specific antibodies, determined that the tau-positive lesions contained both 3R and 4R tau (Fig. 2b, c). Overall, these results show that the I2020T mutation causes autosomal-dominant PD with a pleomorphic pathology, as observed with other LRRK2 mutations.

3.2. LRRK2 is associated with hyperphosphorylation of tau

Based on our pathological findings in *LRRK2 I2020T* patients, we hypothesized that mutant LRRK2 may be involved in hyperphosphorylation of tau. To determine the effect of LRRK2 I2020T on tau phosphorylation, we co-transfected COS-1 cells with LRRK2-WT or I2020T and 4R tau. Levels of phosphorylated tau and total tau were assessed by western blotting using antibodies, which recognize tau phosphorylation, AT-180 at Thr231 and AT-270 at Thr181 (Fig. 3c, d). Neither LRRK2-WT nor I2020T changed expression levels of total tau protein (Fig. 3c, d). However, significantly increased levels of phosphorylated 4R tau were detected in cells with overexpressed LRRK2-I2020T, but not WT (AT-180: 100.0 ± 1.2% [mean ± SEM] with WT vs. 118.5 ± 1.5% with I2020T, $p < 0.001$; AT-

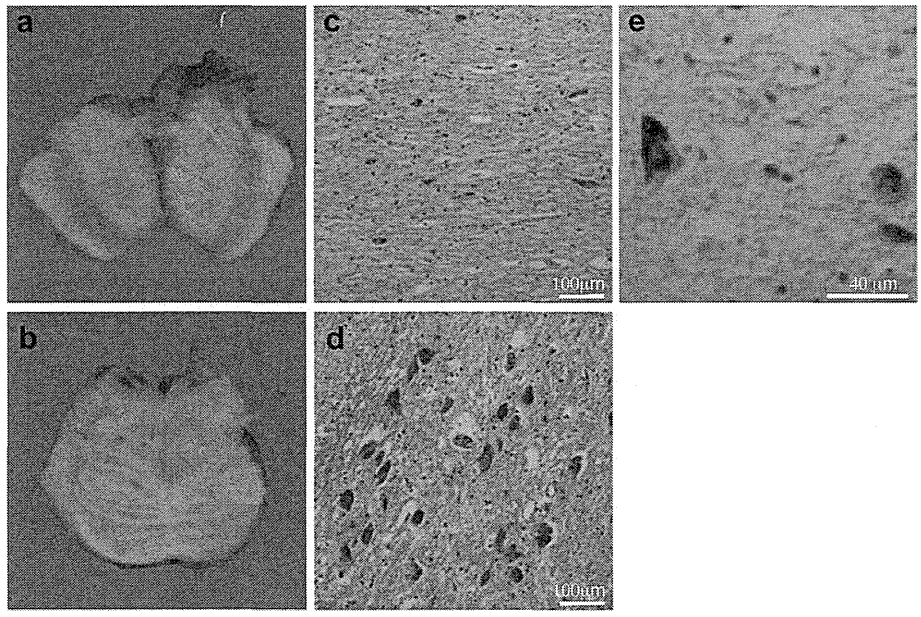

Fig. 1. Neuropathology of patient F, a LRRK2 I2020T carrier from the original Japanese Sagamihara family. Marked discoloration of the substantia nigra (SN, a) and relative preservation of locus coeruleus (LC, b). Marked neuronal loss with gliosis in the SN (c, H&E) is in contrast with preserved neurons in LC (d, H&E). Marinesco bodies are abundant in the SN (e, ubiquitin immunostain). Bars: c, d:100 μm; e: 40 μm.

270: 93.7 ± 4.0% with WT vs. 113.8 ± 5.3% with I2020T, $p < 0.001$; Fig. 3c, d). Next, we determined if I2020T affects expression levels of phosphorylated 3R tau. LRRK2-I2020T induced a significant, albeit modest, increase in the level of phosphorylated 3R tau protein compared with WT (AT-180: 94.9 ± 2.4% with WT vs. 100.5 ± 6.5% with I2020T, n.s.; AT-270: 93.5 ± 1.2% with WT vs. 104.1 ± 2.5% with I2020T, $p < 0.01$; Fig. 3a, b). To investigate further the interaction between LRRK2 and tau, we performed immunoprecipitation experiments. There was no evidence of a direct interaction between either LRRK2-WT or I2020T mutant with 4R tau (Fig. 3e).

4. Discussion

Tau pathology has been identified in the brains of PD patients with *LRRK2* mutations, with reports of various forms of tau depositions of, for example PSP-like or AD-like distribution and pattern of age related changes [26,27]. In this study, we identified tau pathology in four patients with *LRRK2 I2020T* mutation; an increased amount of phosphorylated tau was associated with LRRK2 I2020T mutation compared to wild type in cultured cell models. In addition, we found that affected members of the Sagamihara family display a homogeneous pattern of neuronal loss, namely degeneration of the SN with relative preservation of LC and DVN. This is in sharp contrast to idiopathic PD, where involvement of LC and DVN is observed. We also identified Marinesco bodies in our patients. The presence of Marinesco bodies has been described in other *LRRK2*-linked PD patients with R1441C [2] and G2019S mutations [14]. Thus, mutant LRRK2 may possibly affect dopaminergic neurons by accelerating the formation of Marinesco bodies.

In contrast to the homogeneity of neuronal degeneration that we observed, deposits of α-synuclein were confirmed only in patient E, and tau-positive deposits in the brainstem nuclei also varied? among the subjects. In previous reported pathological findings of *LRRK2*-linked PD, the presence of LBs and tau deposits did not overlap, even in the same family, which is in agreement with our observations in the Sagamihara family. Cookson et al. reported that although clinical features of *LRRK2*-linked PD were similar to sporadic PD, the pathological findings varied, confounding the correlation between etiology and disease expression [29]. Similarly, all examined members of the Sagamihara family showed typical PD features irrespective of pathological deposits. In addition, we did not find a direct correlation between tau deposits and clinical symptoms. Tau-positive deposits were seen in the

Table 1
Summary of tau pathology in LRRK2 I2020T carriers from the Sagamihara family

	Patient A	Patient B	Patient C	Patient D	Patient E	Patient F
Hippocampus	−	−	+	+	−	−
Meynert	−	−	−	−	+	−
Amygdala	NA	−	−	++	NA	NA
IV	−	+++	++	−	NA	NA
LC	−	+	++	+	+	−
Central gray matter	−	−	++	−	−	−
SN	−	−	+	−	+	−
Braak stage	<1	<1	2	3	<1	<1

The severity and distribution of NFT pathology was estimated using Braak staging (Braak and Braak 1991) (− none; + mild; ++ moderate; +++ severe; n/a not applicable). Tau pathology was observed in 4 out of 6 patients. Two individuals (patient B and E) had tau-positive lesions restricted to the brainstem, with another two individuals (patient C and D), showing tau-positive lesions in the hippocampus as well as the brainstem. The remaining two patients (patient A and F) did not show tau-positive lesions in any brain regions. IV; trochlear nucleus, LC; locus coeruleus, SN; substantia nigra.

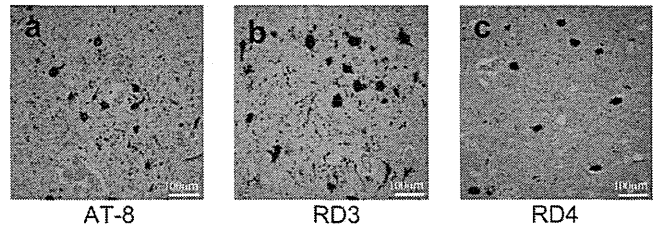

Fig. 2. Tau pathology in patient B, a LRRK2 I2020T carrier. Representative immunohistochemical analysis of tau in the trochlear nerve nucleus from Patient B. Sections are labeled with AT8 (a), RD3 (b) and RD4 (c). Bars: c, d:100 μm; e: 40 μm.

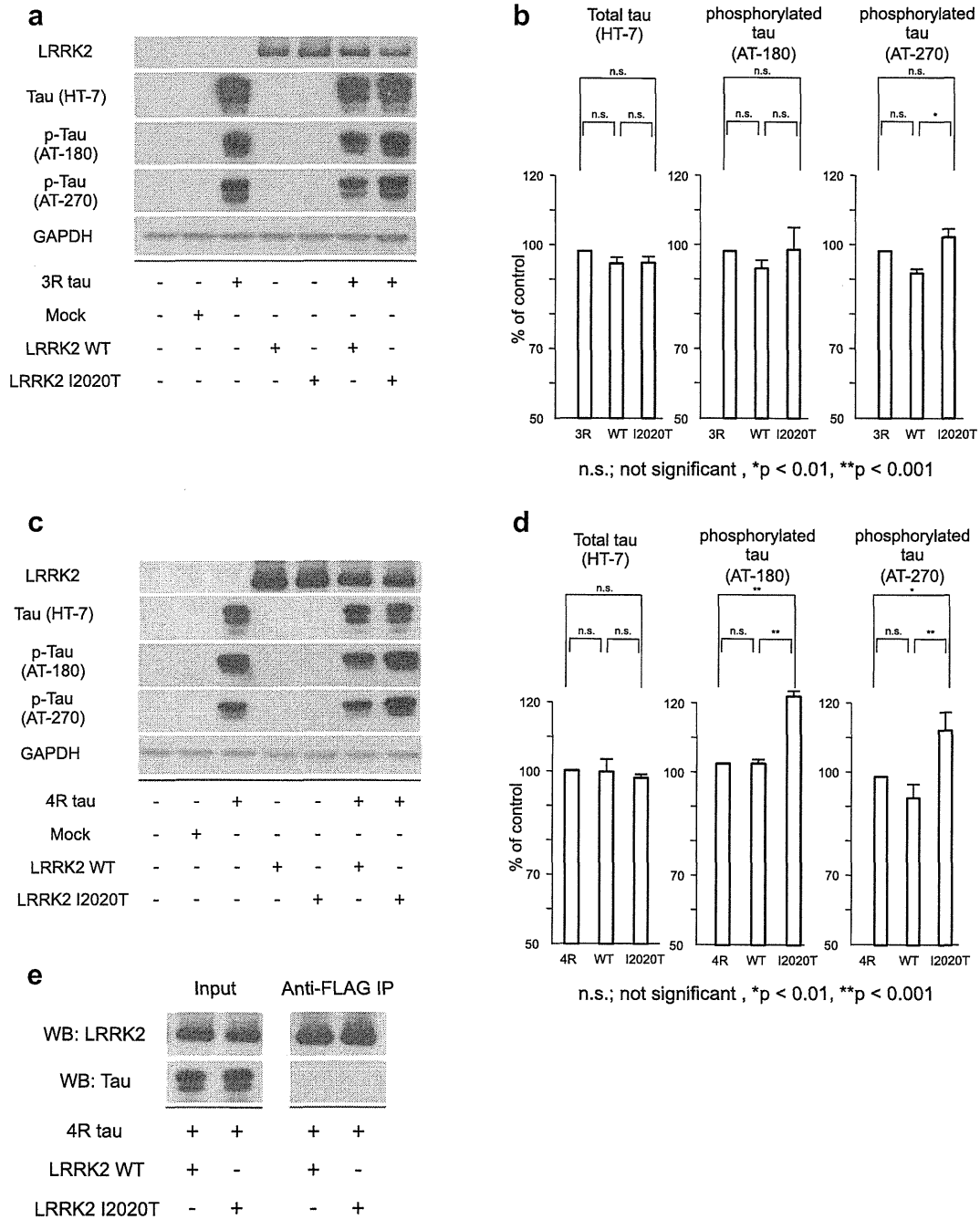

Fig. 3. LRRK2-I2020T induces increasing levels of phosphorylated tau compared with LRRK2-WT or mock transfected cells. (a, b) Lysate prepared from COS-1 cells co-expressing 3R tau and LRRK2-WT or I2020T, were subjected to anti-tau (HT-7) or anti-phosphorylated tau (AT-180 and AT-270) immunoblotting. LRRK2-I2020T increased expression levels of phosphorylated tau compared to LRRK2-WT, albeit modestly. (HT-7; 96.3 ± 1.8% with WT vs. 96.5 ± 1.9% with I2020T [mean ± SEM]; n.s., AT-180; 94.9 ± 2.4% with WT vs. 100.5 ± 6.5% with I2020T; n.s., AT-270; 93.5 ± 1.2% with WT vs. 104.1 ± 2.5% with I2020T; $p < 0.01$) (c, d). Lysate prepared from COS-1 cells co-expressing 4R tau and LRRK2-WT or I2020T, were subjected to anti-tau (HT-7) or anti-phosphorylated tau (AT-180 and AT-270) immunoblotting. LRRK2-I2020T significantly increased expression levels of phosphorylated tau compared to LRRK2-WT. (HT-7; 99.7 ± 3.5% with WT vs. 97.8 ± 1.1% with I2020T; n.s. AT-180; 100.0 ± 1.2% with WT vs. 118.5 ± 1.5% with I2020T; $p < 0.001$, AT-270; 93.7 ± 4.0% with WT vs. 113.8 ± 5.3% with I2020T; $p < 0.001$). (e) Lysate prepared from COS-1 cells transfected with Myc-4 repeats tau and FLAG-LRRK2-WT or FLAG-LRRK2-I2020T, were subjected to immunoprecipitation with anti-FLAG antibody followed by anti-tau (HT-7) immunoblotting. In the left panel, cell lysates were used to detect the expression of LRRK2 and tau. In the right panel, FLAG-LRRK2 was immunoprecipitated using FLAG antibody. Upper lanes show LRRK2 detected with anti-LRRK2 antibody. Lower lanes show that no bands were obtained with anti-HT-7 antibody. As a result, LRRK2 does not directly interact with 4R tau.

nucleus of the trochlear nerve in patients B and C, neither exhibited ophthalmoparesis. Consistent with these findings, Vitte et al. reported that LRRK2 protein is present throughout the human brain, with intense immunoreactivity in the neurons of several midbrain nuclei, including the nucleus of the trochlear nerve [28].

We then demonstrated the association between LRRK2 and tau hyperphosphorylation by using cultured cell models. Compared to LRRK2-WT or mock transfected, overexpression of LRRK2-I2020T in cultured cells resulted in increased levels of phosphorylated tau proteins. Furthermore, this increase in phosphorylated tau was

associated with upregulation of both 3R and 4R tau isoforms. These findings could provide support for abnormal hyperphosphorylated tau deposition in the pathological findings of patients with *LRRK2 I2020T* mutation.

Based on neuropathological findings and cultured cell models, we hypothesized that LRRK2 is able to enhance tau phosphorylation. Our immunoprecipitation studies showed no evidence of a direct interaction between either LRRK2-WT or I2020T mutant with tau, indicating that tau phosphorylation by LRRK2-I2020T involves the association of an intermediate, genetic, or environmental factor. Smith et al. also reported that LRRK2 failed to bind tau protein [30]. Furthermore, LRRK2 mutations have been reported to be associated with tau hyperphosphorylation without direct interaction in animal models. Li et al. reported that tau is hyperphosphorylated in brain tissues from LRRK2-R1441G overexpressing mice compared with LRRK2-WT mice [17]. Mice and drosophila overexpressing *LRRK2*-G2019S also exhibited tau alterations, including mislocalization and increased tau phosphorylation [18,19]. Therefore, we believe that LRRK2 mutations can be involved in the tau phosphorylation pathway.

How LRRK2 can participate in the tau phosphorylation pathway remains unclear. In addition, we failed to find that these abnormal tau deposits have any apparent spatial correlation with our observed region-specific neuronal degeneration in the Sagamihara family. Therefore, future work will need to evaluate the association between neurodegeneration and the tau hyperphosphorylation due to *LRRK2 I2020T* mutation.

Conflicts of interest

None declared.

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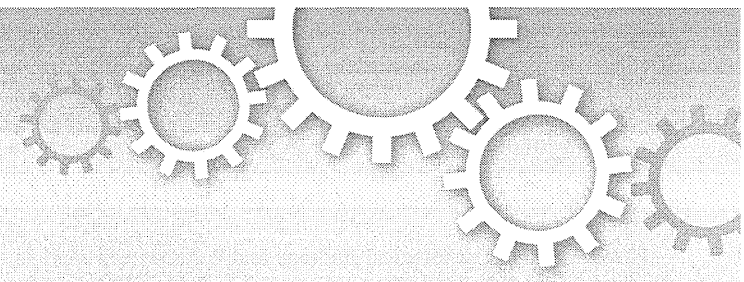

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PINK1-mediated phosphorylation of the Parkin ubiquitin-like domain primes mitochondrial translocation of Parkin and regulates mitophagy

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Parkinson's disease genes *PINK1* and *parkin* encode kinase and ubiquitin ligase, respectively. The gene products PINK1 and Parkin are implicated in mitochondrial autophagy, or mitophagy. Upon the loss of mitochondrial membrane potential ($\Delta\Psi$m), cytosolic Parkin is recruited to the mitochondria by PINK1 through an uncharacterised mechanism – an initial step triggering sequential events in mitophagy. This study reports that Ser65 in the ubiquitin-like domain (Ubl) of Parkin is phosphorylated in a PINK1-dependent manner upon depolarisation of $\Delta\Psi$m. The introduction of mutations at Ser65 suggests that phosphorylation of Ser65 is required not only for the efficient translocation of Parkin, but also for the degradation of mitochondrial proteins in mitophagy. Phosphorylation analysis of Parkin pathogenic mutants also suggests Ser65 phosphorylation is not sufficient for Parkin translocation. Our study partly uncovers the molecular mechanism underlying the PINK1-dependent mitochondrial translocation and activation of Parkin as an initial step of mitophagy.

Mutations of the *PINK1* gene cause selective degeneration of the midbrain dopaminergic neurons in autosomal recessive juvenile Parkinson's disease (PD)[1]. The *PINK1* gene encodes a serine/threonine kinase with a predicted mitochondrial target sequence and a putative transmembrane domain at the N-terminus[2–5]. Loss of the *PINK1* gene in *Drosophila* results in the degeneration of mitochondria in cells with high energy demands, such as muscle and sperm cells, which is suppressed by the introduction of the *parkin* gene, another gene responsible for autosomal recessive juvenile PD[6–8]. The gene product Parkin encodes a RING-finger type ubiquitin ligase (E3) with a Ubl domain at the N-terminus[9–12].

A series of cell biological studies have provided strong evidence that there are important roles for PINK1 and Parkin in regulating mitochondrial homeostasis. PINK1 is constitutively proteolysed by the mitochondrial rhomboid protease, PARL, at the mitochondrial membrane of healthy mitochondria, resulting in processed forms of PINK1[13–16]. The processed PINK1 is rapidly degraded by the proteasome[2,17]. The reduction of $\Delta\Psi$m leads to the accumulation and activation of PINK1 in the mitochondria[17–19] through a currently unresolved mechanism[20]. The accumulation of PINK1 recruits Parkin from the cytosol to the mitochondria with decreased membrane potential, which stimulates Parkin E3 activity, promoting mitochondrial degradation via an autophagic event known as mitophagy[17,21–24]. The recruitment of cytosolic Parkin to the mitochondria upon disruption of $\Delta\Psi$m is believed to be the first step of mitophagy for the removal of damaged mitochondria. This recruitment is required for the kinase activity of PINK1[17,21–25]. Although two separate studies have proposed that Parkin is directly phosphorylated by PINK1[26,27], others have failed to detect Parkin phosphorylation by PINK1[21], suggesting that the kinase activity of PINK1 itself is relatively low. One reason biochemical analysis has been unable to obtain direct evidence is that recombinant human PINK1 purified from mammalian cultured cells or bacteria easily loses kinase activity, while insect PINK1 has significant autophosphorylation activity[28,29].